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| **Disability Disclosure** **I agree to inform Schumacher College / Dartington Arts School if my circumstances change** |
| Name |  |
| Course title |  |
| Date of Birth |  |
| Signature / electronic agreement |  | Date:  |
| Email address |  |

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|  | **Condition/Diagnosis** |
| You have a social/communication impairment such asAsperger's syndrome/other autistic spectrum disorder |  |
| You are blind or have a serious visual impairment uncorrected by glasses |  |
| You are deaf or have a serious hearing impairment |  |
| You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy |  |
| You have a mental health condition, such as depression, schizophrenia or anxiety disorder |  |
| You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D |  |
| You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches |  |
| You have a disability, impairment or medical condition that is not listed above |  |
| You have two or more impairments and/or disabling medical conditions |  |
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| **YES** | I agree to an exchange of relevant information about my disability and/or support requirements, including my DSA report if appropriate, being disclosed to those faculty, teaching and administrative staff who have a need to know, and to relevant external providers of support (e.g. suppliers who provide non-medical helpers i.e. mentors, study skills tutors etc.) and Disabled Student Allowances (DSA) Needs Assessment Centres. | ☐ |
| **NO** | I do not agree but I understand that If I do not agree to disclosure about my disability this may limit the support I receive. | ☐ |
| ***If you are unsure about giving your consent or wish to discuss this disclosure with us*** *please e-mail* **studentsupport@dartington.org** |
|  |
| **Please complete and return to** **studentsupport@dartington.org****as soon as possible.** |